

**Registration, Health History, and Emergency Care Plan  
Racine Family YMCA Summer Day Camp Program**

One form per child. A new form must be filled out each year.

**Camper Information**

Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_ Gender M  F  Birth date \_\_\_/\_\_\_/\_\_\_  
 This will be my child's \_\_\_ year at camp Age (as of June 6, 2016) \_\_\_\_ Child resides with (please circle) Mother Father Both  
 Other \_\_\_\_\_  
 Swim Ability Beginner Intermediate Advanced (All children will still be swim tested)

**Parent/Guardian Information—Both parents must be listed or use N/A if not applicable.**

#1 Parent/Guardian First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_ Gender M F Birth date \_\_\_/\_\_\_/\_\_\_  
 Address—Home (Street, City, State, Zip) \_\_\_\_\_  
 Where can we reach you while your child is at camp? Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Daytime Address \_\_\_\_\_

#2 Parent/Guardian First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_ Gender M F Birth date \_\_\_/\_\_\_/\_\_\_  
 Address—Home (Street, City, State, Zip) \_\_\_\_\_  
 Where can we reach you while your child is at camp? Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Daytime Address \_\_\_\_\_

**Emergency Contacts/Others Authorized to Pick Child Up—Must put one other person other than the parent or guardian.**

\*Can add more on a separate sheet of paper.

#1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address - Home (Street, City, State, Zip) \_\_\_\_\_

**12 Medical and Behavior Questions to help us provide the best care to your child. All information is confidential to Y Staff.**

**(ALL lines MUST be filled out. If something does not apply, please use**

**1. Has your child had any of the following; if so, please explain:**

- Asthma  Autism  Diabetes
- ADD/ADHD  Epilepsy/Seizures  Cerebral Palsy/Motor Disorder
- Cognitively or Learning Disable  NONE (QUESTIONS 1-8)
- Dietary Restrictions \_\_\_\_\_

Food/Milk Allergies \_\_\_\_\_

If child is allergic to milk, attach a statement from a medical professional indicating an acceptable alternative.

- Gastrointestinal or feeding concerns, including special diet and supplement
- 
- 

Non-Food Allergies \_\_\_\_\_

Status of Vision, Hearing, and Speech \_\_\_\_\_

Other conditions requiring special care \_\_\_\_\_

**2. Triggers that may cause any of the above problems (specify) \_\_\_\_\_**

**3. Signs or symptoms to watch for \_\_\_\_\_**

**4. Steps the provider should follow \_\_\_\_\_**

**5. Identify any staff to whom you gave specialized training/instructions \_\_\_\_\_**

**6. When to call parents regarding symptoms/failure to respond to treatment \_\_\_\_\_**

**7. When to consider that the condition requires emergency medical care/reassessment \_\_\_\_\_**

**8. Additional information that may be helpful for us \_\_\_\_\_**

**9. Emergency Numbers**  
 Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Location Address \_\_\_\_\_

**10. Is the child currently taking any medications? Yes No**  
 If yes, what kind and why \_\_\_\_\_  
 If medication needs to be administered during camp, a Medication Permission Form MUST be completed. Visit [ymcaracine.org](http://ymcaracine.org) for forms.

**10. List the MONTH, DAY, AND YEAR the child received each of the following immunizations. DO NOT USE a checkmark. If you do not have an immunization record for this child, contact your doctor or local health department to obtain the records.**

TYPE OF VACCINE	1st Dose (M/D/Y)	2nd Dose (M/D/Y)	3rd Dose (M/D/Y)	4th Dose (M/D/Y)	5th Dose (M/D/Y)
Diphtheria-Tetanus-Pertussis Specify DTP, DTaP, or DT					
Polio					
Hib (Haemophilus Influenza Type B)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox.					

Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year \_\_\_\_\_ if known. Yes, year \_\_\_\_\_  
 No /Unsure (Vaccine Required)

My  child does not meet all immunization requirements. These Requirements can only be waived if a properly signed health, religious, or personal conviction waiver is filed with the day camp. Visit [ymcaracine.org](http://ymcaracine.org) for forms.

**11. Sunscreen/Insect Repellent, if provided by a parent, must be labeled.**

- Sunscreen:**
- I authorize the center to apply sunscreen to my child
- I authorize the center to allow my child to self-apply sunscreen
- My child may use any sunscreen provided by the Y if theirs runs out/is missing.

OR  
 My child may ONLY use the sunscreen provided by the parent:  
 Brand Name \_\_\_\_\_ Strength \_\_\_\_\_

- Repellent:**
- I authorize the center to apply repellent to my child
- I authorize the center to allow my child to self-apply repellent
- My child may use any repellent provided by the Y if theirs runs out/is missing.


OR  
 My child may ONLY use the repellent provided by the parent:  
 Brand Name \_\_\_\_\_ Strength \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

Name of school your child attends: \_\_\_\_\_

Grade Completed: \_\_\_\_\_ First Day of Attendance \_\_\_\_\_

# YMCA DAY CAMP REGISTRATION

 <p><b>FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY</b></p>	<p><b>Leaders in Training (LIT) 13—17 year olds</b> 4-5 day rate: M: \$125; GP: \$155 1-3 day rate: M; \$100; GP: \$125</p>	<p><b>TRADITIONAL CAMP</b> (Only check days attending) <b>5-12 year olds</b> 4-5 day rate: M: \$180; GP: \$210 1-3 day rate: M; \$155; GP: \$180 <b>4 year olds</b> 4-5 day rate: M: \$190; GP: \$220 1-3 day rate: M; \$165; GP: \$190</p>	<p><b>EXTENDED CARE (INCLUDED)</b> Sign up initially or change by Wednesday before 8pm (5 days before) for staffing purposes. AM: 6:30—8:30 PM: 4:30—6:00</p>	<p>Shirt Size _____</p>
				<p><b>Attendance</b> Your child's anticipated hours attending camp: (Ex. 7:30am—4:45pm) _____AM—_____PM</p> <p><b>Photo Release</b> The YMCA does take pictures of children from time to time for marketing and parent use and we are asking your permission to do so. Please check yes or no, and initial below to allow this. [ ] Yes or [ ] No Parent/Guardian initial _____</p>
<b>WEEK OF CAMP</b>	<b>THEME</b>	<b>Field Trip</b>	<b>DAYS OF WEEK</b>	<b>AM OR PM</b>
Week 1 June 5-9	Mad Scientists	Mad Science Workshop	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 2 June 12-16	Day Camp's Got Talent	Zumba, Young Composers	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 3 June 19-23	Ol' McDonald	Strawberry Picking	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 4 June 26-30	Shark Week	Pettit National Ice Center	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 5 July 3, 5-7	Party in the USA	North Beach	[ ] M [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 6 July 10-14	Birds, Bugs & Bubbles	Wehr Nature Center	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 7 July 17-21	Slime & Grime	Mess Fest	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 8 July 24-28	Captain Y & the Superheroes	Kenosha Kingfish	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 9 July 31, Aug 1-4	Mischief, Mayhem & Make Believe	Action Territory/Monkey Joe's	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 10 Aug 7-11	Animal Kingdom	Milwaukee Zoo	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 11 Aug 14-18	Under the Big Top	YMCA Family Carnival	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 12 Aug 21-25	Space is the Place	Mitchell Park Domes	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 13 Aug 28-31 Sep 1	Across the Decades	Milwaukee Public Museum	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM

**Parent Orientation is MANDATORY** for new campers. Please select which date you will attend:  
 Wednesday, May 24th, 6:30—7:30pm  
 Wednesday, May 31st, 6:30pm—7:30pm  
**OPTIONAL Meet & Greet for Returning Parents Only:**  
 Tuesday, May 30th, 6:30—7:00pm

Weekly contact will be made to prepare for the upcoming week of camp. Please provide **both** your email address and phone number and select which one is your **preferred** method of commutation.  
 Phone \_\_\_\_\_  
 Email (please print clearly below)  
 \_\_\_\_\_

**Parent/Guardian Authorization** I approve this application and certify that the applicant is capable of such an experience. I agree

\*Please note, registrations will not be processed without deposit or \$30 registration fee

I am paying: [ ] Deposit Only (1 week of care)  
 Full Amount  
 I am paying the full amount for every session my child is enrolled for at this time.

Method of payment: \_\_\_\_\_  
 Credit Card # \_\_\_\_\_  
 Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 OR Check Enclosed: Amount \$ \_\_\_\_\_ Check# \_\_\_\_\_

**Subsidy Provider Information**

A current "Child Care Authorization" must be on file before your child's registration will be accepted and registered.

Our family currently receives subsidy from County/State/Wisconsin Shares  
 Yes or  No

Paperwork submitted to Count/Agency/ for this program  
 Yes or  No

Notes: \_\_\_\_\_

**I understand that I am responsible for any amounts not covered by my Subsidy Provider: Initial \_\_\_**

YMCA Provider #: 7000557757 Location #026

to pay the balance of the program fees 5 days prior to the start of each program day. No refunds will be given unless the camp is canceled by the YMCA or a doctor's authorized medical reason has been given. I understand that no refunds will be given if the child leaves early because of homesickness or disruptive behavior as determined by the Youth & Family Director. Your child's spot is not confirmed until the fee is paid in full prior to the start of the program.

By signing this form, I certify approval of good health of the child, and, in the event that I cannot be reached in an emergency, authorize the YMCA staff/volunteers to render first aid; give permission to the physician selected by the Racine Family YMCA to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above. Prudent attempts will be made to contact the parent/guardian immediately. I understand in signing this form I agree to release the Racine Family YMCA from any liability for the risks of illness, accidents, or injury.

I grant permission for the applicant to participate in all planned activities, including off-site trips by walking or by bus, if scheduled.

The Racine Family YMCA is not responsible for lost, stolen, or damaged personal items that may result from the conduct of other persons, including participants in the YMCA programs. I also understand that the YMCA reserves the right to withdraw a child from the program, at the YMCA's discretion, if the enrollment of the child negatively affects the integrity of the program and/or the YMCA's legal obligation through and under the Division of Children and Family Services (DCF 252).

I understand that a copy of the Wisconsin Rules for Licensing Day Camps and the YMCA Policy Handbook will be available for my review upon request.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Use Only:** Received \_\_\_\_\_ Registered By \_\_\_\_\_ Audited by \_\_\_\_\_ Actual Start Date \_\_\_\_\_

2017